

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 370-375)						SERIAL NO. 10-0449,354			
						APPLICANT			
						CLAIMS			
NO.	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT		NO.	NO.	NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3			21				53		
4			105				54		
5			101				55		
6			109				56		
7			107				57		
8			109				58		
9			107				59		
10			109				60		
11			109				61		
12			109				62		
13			109				63		
14			109				64		
15			109				65		
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18			109				68		
19			109				69		
20			109				70		
21							71		
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23			21				73		
24			109				74		
25			109				75		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		2				TOTAL IND.		
TOTAL DEP.	28		20				TOTAL DEP.		
TOTAL CLM.	30		30				TOTAL CLM.		